



2015

**BENEFIT  
HIGHLIGHTS**

**EFFECTIVE**

**November 1,  
2015**

Active Employees

## PLAN YEAR BEGINNING November 1, 2015

**T**he City of Lincoln recognizes benefits are an important part of your total compensation. Each year at this time, we work with our benefit providers to carefully review benefits and search for ways to maintain the quality of our benefit plans, and at the same time meet the benefit needs of you and your family. This brochure summarizes the options available to you and outlines what your contributions will be for the duration of the plan year.

As a healthcare consumer, it is very important that you educate yourself about the various benefit plans being offered. In making your elections, you should consider the benefits, ease of obtaining healthcare, costs, and how well the plan meets the needs of you and your family.

If you have further questions about the information contained in this brochure or about any of the benefit options, please don't hesitate to contact your Personnel Department.

### Eligibility Information

Employees working a minimum of 30 hours per week (or 130 hours per month) are eligible to participate and receive coverage effective on the first day of the month following their date of hire (at the full premium cost), or the first day of the month after completing 60 days of continuous employment (includes employer's contribution). DSS employees are eligible the first of the month following their date of hire. The City of Lincoln will make the determination.

Eligibility for medical benefits under the Plan shall be determined in accordance with the employer shared responsibility provisions of the Patient Protection and Affordable Care Act of 2010, as amended by the Health Care and Education Reconciliation Act of 2010.

- Variable Hour Employees - 1st of the month following a 52 week look-back period if employee averages 30 or more hours per week.
- For those Employees who are considered "variable hour employees", and not eligible to participate in the Medical Plan upon hire, the standard measurement period shall be the 12-month period from August 15 of one calendar year through August 14 of the following calendar year. The associated administrative period shall be from August 15 through October 31 immediately following the standard measurement period. The associated stability period shall be the Plan Year immediately following the administrative period.
- Newly hired "variable hour employees" shall have a 12-month initial measurement period beginning on the first day of the calendar month following the date of hire, followed by the associated initial stability period.

Please see carrier Summary Plan Descriptions for further eligibility information.

## Eligibility Information - continued

In order to make a change outside of open enrollment, there must be a change in family status which satisfies HIPAA regulations, such as losing health coverage under another plan, marriage, divorce, birth, adoption or death. The appropriate change forms must be submitted within 30 days of the qualifying event. Please see your Personnel Department for details.


## Benefits Selection


<b>FULLY PAID BY City of Lincoln</b>	Basic Life and AD&D (all others) Long Term Disability	Hartford Life Administered by the City
<b>COST SHARED BY Employees and City of Lincoln</b>	Medical Dental Basic Life and AD&D (PAGE)	BCBS Ameritas Hartford Life
<b>100% EMPLOYEE PAID</b>	Vision Insurance Voluntary Life Insurance Health Flexible Spending and Dependent Care Accounts	EyeMed Hartford Life Navia Benefit Solutions (formerly Flex-Plan Services)


## MEDICAL




In order to meet your needs, The City of Lincoln offers one Medical Plan through Blue Cross Blue Shield of Nebraska. In addition to dollar and percentage copays, members are responsible for deductibles, as described in the summary. Please review the Summary of Benefits for deductible information. Members are also responsible for any costs over the plan maximums. Please see the BCBS benefit summary for a more complete description of benefits.

 BlueCross BlueShield of Nebraska	All Eligible Employees (IAFF)	
	In Network	Out of Network
Annual Deductible	\$300/Individual \$600/Family	\$300/Individual \$600/Family
Office Visits Primary Care Physician (PCP) Specialist	\$20 Copay PCP or \$20 Specialist	20% after deductible
Preventive Care Services (Please see plan summary for details on covered services)	100%	20% after deductible
Urgent Care Centers (single copay applies to each urgent care visit)	\$35 Copay	20% after deductible
Out-of-Pocket Limit (Includes the Deductible)	\$800/Individual \$1,600/Family	\$1,550/Individual \$3,100/Family
Lifetime Plan Maximum	Unlimited	Unlimited
Inpatient Hospitalization	\$100 copay per admission, then 10%, after deductible	\$100 copay per admission, then 20%, after deductible
Outpatient Hospital Services	10% after deductible	20% after deductible
Emergency Room	\$150 Copay (copay waived if admitted within 24 hours for the same diagnosis)	
Prescription Drug Benefits		
Generic	\$10 copay	Retail: copay + 25% penalty
Formulary Brand Name	\$25 copay	
Non-Formulary Brand Name	\$50 copay	Mail Order: N/A
Mail Order (90 day supply)	\$20 / \$50 / \$100 copay	

 BlueCross BlueShield of Nebraska	All Eligible Employees (ATU &LPU)	
	In Network	Out of Network
Annual Deductible	\$400/Individual \$800/Family	\$800/Individual \$1,600/Family
Office Visits Primary Care Physician (PCP) Specialist	\$25 Copay PCP or \$25 Specialist	30% after deductible
Preventive Care Services (Please see plan summary for details on covered services)	100%	30% after deductible
Urgent Care Centers (single copay applies to each urgent care visit)	\$35 Copay	30% after deductible
Out-of-Pocket Limit (Includes the Deductible)	\$1,400/Individual \$2,300/Family	\$2,800/Individual \$4,600/Family
Lifetime Plan Maximum	Unlimited	Unlimited
Inpatient Hospitalization	\$100 copay per admission, then 20%, after deductible	\$100 copay per admission, then 30%, after deductible
Outpatient Hospital Services	20% after deductible	30% after deductible
Emergency Room	\$150 Copay, Deductible, 20% (copay waived if admitted within 24 hours for the same diagnosis)	
Prescription Drug Benefits		
Generic Formulary Brand Name Non-Formulary Brand Name Mail Order (90 day supply)	\$10 copay \$25 copay \$50 copay \$20 / \$50 / \$100 copay	Retail: copay + 25% penalty  Mail Order: N/A

 BlueCross BlueShield of Nebraska	All Eligible Employees (PAGE & LCEA)	
	In Network	Out of Network
Annual Deductible	\$400/Individual \$800/Family	\$800/Individual \$1,600/Family
Office Visits Primary Care Physician (PCP) Specialist	\$25 Copay PCP or \$25 Specialist	30% after deductible
Preventive Care Services (Please see plan summary for details on covered services)	100%	30% after deductible
Urgent Care Centers (single copay applies to each urgent care visit)	\$40 Copay	30% after deductible
Out-of-Pocket Limit (Includes the Deductible)	\$2,000/Individual \$4,000/Family	\$3,000/Individual \$6,000/Family
Lifetime Plan Maximum	Unlimited	Unlimited
Inpatient Hospitalization	\$100 copay per admission, then 20%, after deductible	\$100 copay per admission, then 30%, after deductible
Outpatient Hospital Services	20% after deductible	30% after deductible
Emergency Room	\$150 Copay, Deductible, 20% (copay waived if admitted within 24 hours for the same diagnosis)	
Prescription Drug Benefits		
Rx Out-of-Pocket Limit	\$3,000/Individual \$6,000/Family	Add: 25% Penalty to all Out-of-Network Rx
Generic (generic mandatory)	Minimum - \$5 Maximum - \$25 Coinsurance – 25%	Minimum - \$5 Maximum - \$25 Coinsurance – 25%
Formulary Brand Name	Minimum - \$25 Maximum - \$50 Coinsurance – 25%	Minimum - \$25 Maximum - \$50 Coinsurance – 25%
Non-Formulary Brand Name	Minimum - \$50 Maximum - \$75 Coinsurance – 50%	Minimum - \$50 Maximum - \$75 Coinsurance – 50%
Specialty	Minimum - \$75 Maximum - \$100 Coinsurance – 25%	Not Covered
Mail Order (90 day supply)	2 times Retail	Not Covered

 <b>BlueCross BlueShield of Nebraska</b>	<b>All Eligible Employees (M)</b>	
	<b>In Network</b>	<b>Out of Network</b>
Annual Deductible	\$400/Individual \$800/Family	\$800/Individual \$1,600 Family
Office Visits Primary Care Physician (PCP) Specialist	\$25 Copay PCP or \$25 Specialist	30% after deductible
Preventive Care Services (Please see plan summary for details on covered services)	100%	30% after deductible
Urgent Care Centers (single copay applies to each urgent care visit)	\$40 Copay	30% after deductible
Out-of-Pocket Limit (Includes the Deductible)	\$2,000/Individual \$3,000/Family	\$3,000/Individual \$6,000/Family
Lifetime Plan Maximum	Unlimited	Unlimited
Inpatient Hospitalization	\$100 copay per admission, then 20%, after deductible	\$100 copay per admission, then 30%, after deductible
Outpatient Hospital Services	20% after deductible	30% after deductible
Emergency Room	\$150 Copay; Deductible 20% (copay waived if admitted within 24 hours for same diagnosis)	

Prescription Drug Benefits		
Rx Out-of-Pocket Limit	\$3,000/Individual \$6,000/Family	Add: 25% Penalty to all Out-of-Network Rx
Generic (generic mandatory)	Minimum - \$5 Maximum - \$25 Coinsurance – 25%	Minimum - \$5 Maximum - \$25 Coinsurance – 25%
Formulary Brand Name	Minimum - \$25 Maximum - \$50 Coinsurance – 25%	Minimum - \$25 Maximum - \$50 Coinsurance – 25%
Non-Formulary Brand Name	Minimum - \$50 Maximum - \$75 Coinsurance – 50%	Minimum - \$50 Maximum - \$75 Coinsurance – 50%
Specialty	Minimum - \$75 Maximum - \$100 Coinsurance – 25%	Not Covered
Mail Order (90 day supply)	2 times Retail	Not Covered



### All Eligible Employees (E, DSS, X)

	In Network	Out of Network
Annual Deductible	\$400/Individual \$800/Family	\$800/Individual \$1,600 Family
Office Visits Primary Care Physician (PCP) Specialist	\$25 Copay PCP or \$25 Specialist	30% after deductible
Preventive Care Services (Please see plan summary for details on covered services)	100%	30% after deductible
Urgent Care Centers (single copay applies to each urgent care visit)	\$40 Copay	30% after deductible
Out-of-Pocket Limit (Includes the Deductible)	\$2,400/Individual \$4,800/Family	\$3,800/Individual \$7,600/Family
Lifetime Plan Maximum	Unlimited	Unlimited
Inpatient Hospitalization	\$100 copay per admission, then 20%, after deductible	\$100 copay per admission, then 30%, after deductible
Outpatient Hospital Services	20% after deductible	30% after deductible
Emergency Room	\$150 Copay; Deductible 20% (copay waived if admitted within 24 hours for same diagnosis)	

### Prescription Drug Benefits

Rx Out-of-Pocket Limit	\$3,000/Individual \$6,000/Family	Add: 25% Penalty to all Out-of-Network Rx
Generic (generic mandatory)	Minimum - \$5 Maximum - \$25 Coinsurance – 25%	Minimum - \$5 Maximum - \$25 Coinsurance – 25%
Formulary Brand Name	Minimum - \$25 Maximum - \$50 Coinsurance – 25%	Minimum - \$25 Maximum - \$50 Coinsurance – 25%
Non-Formulary Brand Name	Minimum - \$50 Maximum - \$75 Coinsurance – 50%	Minimum - \$50 Maximum - \$75 Coinsurance – 50%
Specialty	Minimum - \$75 Maximum - \$100 Coinsurance – 25%	Not Covered
Mail Order (90 day supply)	2 times Retail	Not Covered



## MEDICAL PLAN EMPLOYEE CONTRIBUTIONS

### ATU EMPLOYEE CONTRIBUTIONS (Monthly)

Employee	\$35.46
2/4- Party	\$315.00
Family	\$417.14

### FIRE EMPLOYEE CONTRIBUTIONS (Monthly)

Employee	\$0
2/4- Party	\$96.84
Family	\$128.24

### LCEA & E EMPLOYEE CONTRIBUTIONS (Monthly)

Employee	\$33.28
2/4- Party	\$236.52
Family	\$313.22

### POLICE EMPLOYEE CONTRIBUTIONS (Monthly)

Employee	\$14.18
2/4- Party	\$315.00
Family	\$417.14

### M & DSS EMPLOYEE CONTRIBUTIONS (Monthly)

Employee	\$59.92
2/4- Party	\$162.60
Family	\$215.34

### PAGE EMPLOYEE CONTRIBUTIONS (Monthly)

Employee	\$47.32
2/4- Party	\$150.08
Family	\$198.74

### X EMPLOYEE CONTRIBUTIONS (Monthly)

Employee	\$46.60
2/4- Party	\$147.82
Family	\$195.76

## AMERITAS DENTAL



The City of Lincoln understands that your dental health is an important part of your comprehensive health care coverage and well-being. With routine examinations, minor dental problems can be diagnosed and treated before major, more costly problems set in.

Ameritas is our dental insurance provider. The Dental Plan allows for the option of going out-of-network to any non-participating licensed dentist, however, your out of pocket costs will usually be greater if you choose to see an out of network provider.

### **Advantage of a Dental PPO:**

- ◆ Negotiated discounts on dental fees
- ◆ No claim forms for services at a participating provider
- ◆ Low out-of-pocket costs
- ◆ If you choose a licensed dentist who participates in the PPO Dental Program network, your out-of-pocket expenses may be reduced

You must complete an enrollment form and turn it into your Personnel Department in order to enroll or make changes in your coverage.

In order to make a change outside of open enrollment, there must be a change in family status which satisfies HIPAA regulations, such as losing health coverage under another plan, marriage, divorce, birth, adoption or death. The appropriate change forms must be submitted within 30 days of the qualifying event. Please see your Personnel Department for details.

*\*Please refer to your Evidence of Coverage for more detailed information on these benefits.*

## DENTAL PLAN EMPLOYEE CONTRIBUTIONS

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### **ATU EMPLOYEE CONTRIBUTIONS (Monthly)**

Employee	\$18.00
2/4- Party	\$35.62
Family	\$57.94

### **FIRE EMPLOYEE CONTRIBUTIONS (Monthly)**

Employee	\$0
2/4- Party	\$4.27
Family	\$6.95

### **LCEA & E EMPLOYEE CONTRIBUTIONS (Monthly)**

Employee	\$0.72
2/4- Party	\$26.36
Family	\$42.88

### **POLICE EMPLOYEE CONTRIBUTIONS (Monthly)**

Employee	\$0
2/4- Party	\$24.22
Family	\$39.40

### **M & DSS EMPLOYEE CONTRIBUTIONS (Monthly)**

Employee	\$0.72
2/4- Party	\$23.15
Family	\$37.66

### **PAGE & X EMPLOYEE CONTRIBUTIONS (Monthly)**

Employee	\$18.00
2/4- Party	\$35.62
Family	\$57.94

## VISION PLAN



Eye health is an important part of your comprehensive health care coverage and well-being. Your vision plan provides routine examinations, coverage for frames and lenses every year.

EyeMed is our vision insurance provider. The EyeMed network doctors are located right where you need them – close to work, home and shopping centers. They provide exceptional care and offer a wide selection of frames to choose from.

### VISION BENEFITS

Coverage	In-Network	Out-of-Network
Benefits are available every 12 months		
Exam	\$10 co-pay	Up to \$35
Contacts (medically necessary)	100% up to \$250 allowance	Up to \$200
Contacts (elective but prescribed)	100% up to \$115 allowance	Up to \$100
Single	100%	Up to \$25
Bifocal	100%	Up to \$40
Trifocal	100%	Up to \$55
Lenticular	100%	Up to \$55
Frame	100% up to \$100 allowance; 20% off remaining balance	Up to \$45
<i>Please refer to your Certificate of Insurance for more details on your coverage.</i>		

### VISION EMPLOYEE CONTRIBUTIONS (Monthly)

Employee	\$9.16
2-Party	\$17.40
4-Party	\$18.32
Family	\$27.28

## GROUP LIFE/AD&D



Life insurance is an important part of your benefits package. It provides financial protection to you and your family in the event of death or serious accident. All active eligible employees are automatically enrolled in the Basic Life and Accidental Death and Dismemberment Insurance Program. The City of Lincoln pays 100% of this premium for you. However, you must complete and sign an enrollment form and beneficiary form and return it to the Personnel Department. The effective date of this coverage varies by class; please see your plan document for further details.

### **City of Lincoln:**

**Class 1:** All Administrative Assistants to the Mayor and the Mayor of the City

**Class 2:** All LCEA & "E" Employees of the City not subject to a collective bargain agreement

**Class 3:** All ATU Employees of the City

**Class 4:** All Police of the City

**Class 5:** All PAGE & "X" Employees of the City not subject to a collective bargain agreement

**Class 6:** All "M" Employees of the City not subject to a collective bargain agreement

**Class 7:** All Firefighters of the City

**Class 8:** All Directors

Life and AD&D Benefits	
<b>City:</b>	
-Class 2, 6, 8	\$70,000
-Class 3	\$30,000
-Class 4	\$60,000
-Class 5	\$71,000
-Class 1 & 7	\$50,000

## VOLUNTARY LIFE and AD&D



In addition to your Basic Life and AD&D benefits, Hartford Life has an assortment of Voluntary Life and AD&D options to meet you and your family's needs. Hartford Life provides additional benefits in increments of \$10,000 up to \$250,000 (but no more than 5X Salary). This requires underwriting except for the initial 6 month probationary enrollment.

A dependent spouse may be covered up to 50% of the Amount of Life Insurance in force for the employee. Coverage may be elected in increments of \$5,000, subject to a maximum of \$50,000. This requires underwriting except for the initial 6 month probationary enrollment.

Eligible dependent children may also be covered in increments of \$1,000 up to \$10,000 without Evidence of Good Health.

For current employees: if you did not enroll when first eligible, you will be considered a late entrant and will have to provide Evidence of Good Health and receive approval from Hartford Life in order to be covered by the plan.

### VOLUNTARY GROUP LIFE/AD&D RATES

MONTHLY RATES	
Age	Combined Vol.Life/AD&D Employee and Spouse Rates per \$1,000 of Coverage
Under 30	\$ 0.1030
30-34	\$ 0.1120
35-39	\$ 0.1390
40-44	\$ 0.1840
45-49	\$ 0.2740
50-54	\$ 0.4360
55-59	\$ 0.6520
60-64	\$ 0.9670
65-69	\$ 1.7410
70-74	\$ 3.0100
75+	\$ 4.9450
Child Life Rate per \$1,000	\$ 0.14

## LONG-TERM DISABILITY



In addition to your life insurance benefits, The City of Lincoln provides you with a Civilian Long Term Disability policy at no cost to you. This policy will assist in providing a source of income in the event of a disability. This policy excludes commissioned police officers and fire fighters.

<b>SUMMARY OF LTD BENEFITS</b>	If you are unable to work due to an illness or injury, benefits will be paid on the 181st day or exhaustion of sick leave, whichever is longer
<b>Benefit Waiting Period</b>	180 days or exhaustion of sick leave, whichever is longer
<b>Benefit Percentage</b>	50% of monthly earnings up to \$3,000

You must apply for benefits while you are still a City of Lincoln employee and submit required forms to the Personnel Department.

## FLEXIBLE BENEFIT PLAN



The City of Lincoln also offers a flexible benefits program which allows you to save on the amount of federal and state income tax you must pay by reducing your gross income. This plan is called a Flexible Benefit Plan. Under the guidelines set up by the Internal Revenue Service, this plan allows employers to deduct the employee share of the monthly premiums out of your earnings before the deduction of mandatory taxes. This will reduce the amount of tax you pay.

Additionally, this program allows the employee, through the employer, to set up a Health Flexible Spending Account and/or a Dependent Care Assistance Program account. The amount that you decide to set aside in each Flexible Spending Accounts will then be redirected each pay period into the designated account in your name and administered by Flex-Plan Services. During the year you can submit eligible expenses incurred by you or your eligible dependents for reimbursement from these accounts. Your actual tax savings depends on a number of factors, including your tax bracket and how much you set aside in the FSA.






<b>November 1- October 31 Maximum Amounts</b>	
<b>Medical</b>	<b>\$2,550</b>
<b>Dependent (Annual Election for married filing jointly)</b>	<b>\$5,000</b>

Navia Benefit Solutions also offers parking reimbursement. According to IRS Regs, no more than \$255\* per month may be set aside on a pre-tax basis for eligible expenses.

*\*Note - this rate is subject to change.*



## IMPORTANT CONTACTS

	Coverage	Carrier	Telephone Number	Website
	Medical	BCBS of NE	800-642-8980	<a href="http://www.nebraskablue.com">www.nebraskablue.com</a>
	Dental	Ameritas	800-659-2223	<a href="http://www.ameritasgroup.com">www.ameritasgroup.com</a>
	Long-Term Disability	City of Lincoln	402-441-7597	<a href="http://lincoln.ne.gov/city/person/risk/ltd.htm">http://lincoln.ne.gov/city/person/risk/ltd.htm</a>
	Vision	EyeMed	866-939-3633	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
	Life/AD&D, Basic Dependent Life, Retiree Life, & Voluntary Life	Hartford Life	800-243-5433	<a href="http://www.thehartford.com">www.thehartford.com</a>
	Flexible Benefit Plan, Dependent Care, Transit Benefits	Navia Benefit Solutions (formerly Flex-Plan Services)	425-452-3500 Toll-Free: 1-800-669-3539	<a href="https://www.naviabenefits.com/">https://www.naviabenefits.com/</a>

**Complimentary Brochure provided by:**



***This brochure presents a brief overview of The City of Lincoln's benefits program and is not intended to be all-inclusive, nor is it to be used as a summary plan description. In the event of any conflict between this brochure and specific plan documents, the provisions of the plan documents will prevail. The City of Lincoln reserves the right to change or modify its benefit programs as appropriate without advance notification.***